REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

		ronically filed with the United States Patent and 11:59 p.m. Pacific Time under the Rules of Lin
Application Number Filing Date Inventor(s) Title	July 6, 2001Newman, Scott G.	Confirmation No. 9662 HOD FOR CREATING INTERACTIVE
Group Art Unit Examiner Name Docket No.	: 2152: Duyen My Doan: 58849/G476	Date: July 31, 2008
MAIL TO: Mail Storm This is a Request for identified application	or Continued Examination (F	CE) under 37 CFR § 1.114 of the above-
1. THE STATUS OF a. X Pend (1) X	ppeal under 37 CFR § 1.191 h	FOLLOWS: tive) Office on November 1, 2007, as to which no

via Express Mail

X with certificate of mailing under 37 CFR § 1.8

X that Action was a Final Rejection, the finality of which is to be withdrawn by this Request

an appeal or civil action under 35 U.S.C. 141,145 or 146 has been terminated

(2) Allowed: the Notice of Allowance was mailed by the Office on the Issue Fee has not been paid

the Issue Fee has been paid and a petition under 37 CFR § 1.313 was granted on

Pending (with review proceeding active)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Application No. 09/899,827

2.

An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the application.

SU	JBMISSI(ON(S) REQUIRED (check at least one)
		sly submitted
		Consider the amendments/reply under 37 CFR § 1.116 previously filed on Consider the arguments in the Appeal or Reply Brief previously filed on Other:
b.	Enclosed	1
	<u>X</u>	Amendment/Reply
		Affidavit(s)/Declaration(s)
	<u>X</u>	Information Disclosure Statement
		Documents under 37 CFR § 1.48
		Petition for Extension of Time
	<u>X</u>	Other: Petition Requesting Resetting of Response Deadline to July 31, 2008,
		and Waiver of Petition Fee and Extension Fees

The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please direct all correspondence to CUSTOMER NUMBER 23363. Direct telephone calls to 626/795-9900, CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Bv

Josephine E. Chang

Reg. No. 45,08

626/795-9900

JEC/lal

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 09/899,827

PART I — BASIC FEE								
BASIC FEE	Small Entity \$405.00	Large Entity \$810.00	\$405					

ADDITIONAL	CLAIMS (compared to	application be	efore RCE)			
Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE		
36	*31	5	5 x \$25.00	x \$50.00	125		
3	**3	0	x \$105.00	x \$210.00	0		
First Presentation of Multiple Dependent Claim \$185.00 \$370.00							
TOTAL CLAIMS FEE							
	Claims Remaining After Amendment 36 3 tion of Multiple	Claims Remaining After Amendment 36 **31 3 **3 tion of Multiple Dependent (Claims Remaining After Amendment 36 **31 **3 Wumber Extra Claims 5 3 **3 0 tion of Multiple Dependent Claim	Claims Remaining After Amendment Remaining After Previously Paid For Small Entity Rate Stra Claims Strate Stra Claims Strate Stra Claims Strate Stra Claims Strate Strate	Remaining After AmendmentNumber Previously Paid ForNumber Extra ClaimsSmall Entity RateLarge Entity Rate36*3155 x \$25.00x \$50.003**30x \$105.00x \$210.00tion of Multiple Dependent Claim\$185.00\$370.00		

List Independent Claims: 1, 23, 35

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)
 Please charge deposit account no. 03-1728 in the amount of \$530.
 - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A duplicate copy hereof is enclosed.

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^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

^{**} IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.